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# Note by the Secretary-General transmitting the report by the Director-General of the World Health Organization on the global status of non-communicable diseases, with a particular focus on the development challenges faced by developing countries

*Summary*

The present report highlights that in all low- and middle-income countries, and by any metric, heart disease, strokes, cancer, diabetes and chronic respiratory disease now account for a large enough share of premature deaths and poverty to merit a concerted and coordinated policy response to include the prevention and control of non-communicable diseases in global development initiatives and in related investment decisions. Driven by population ageing, unplanned urbanization, the globalization of trade and marketing and the progressive increase in unhealthy lifestyle patterns, these diseases, which largely share the same risk factors (tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol), are already dominating health-care needs in most low- and middle-income countries. It is estimated that around 8 million people die prematurely (before the age of 60) in low- and middle-income countries because of these diseases. In addition to their enormously negative impact on the health of a population, non-communicable diseases are now emerging globally as a serious macroeconomic and developmental challenge because of the loss of productivity, rapidly rising health-care costs and the links with poverty.

There is clear evidence that a major proportion of such diseases can be prevented and controlled. Affordable solutions exist to reduce the level of exposure of individuals and populations to the common modifiable risk factors (mainly tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol) and to improve access to health care and prevent complications and disability in those with established non-communicable diseases. Addressing risk factors, however,

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requires the commitment and active involvement of non-health sectors like planning, agriculture, industry, trade, finance and education. It also requires action by the private sector and civil society. Health has to be considered in all government policies. Within the health sector, there is also a pressing need to promote health care for people with such diseases by strengthening health systems and implementing cost-effective interventions. Both prevention and health-care interventions are excellent economic investments.

While public policymakers in low- and middle-income countries are increasingly challenged to establish effective programmes to prevent and control non-communicable diseases, their requests for technical support to scale up efforts, through aid and expertise, remain largely unanswered. Official development assistance to support these countries in building sustainable institutional capacity to tackle non-communicable diseases remains insignificant. If the high mortality and socio-economic impact experienced by low- and middle-income countries are to be reduced, global development initiatives must take into account the prevention and control of such diseases as an integral part of their priorities.

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# I. Background and context

1. The global burden of non-communicable diseases continues to grow; tackling it constitutes one of the major challenges for development in the twenty-first century. Non-communicable diseases, principally cardiovascular diseases, diabetes, cancer, and chronic respiratory disease, caused an estimated 35 million deaths in 2005. This figure represents more than 60 per cent of all deaths globally, with 80 per cent of those deaths owing to non-communicable diseases occurring in low- and middle-income countries. Approximately 9 million deaths attributable to such diseases occurred among people under the age of 60, rising to a total figure of 16 million deaths among people under 70 years of age. Globally, deaths from such diseases are projected to increase by a further 17 per cent over the next 10 years, but the greatest increase (24 per cent) is expected to be seen in the African region.

2. The rapidly increasing burden of these diseases is affecting poor and disadvantaged populations within low- and middle-income countries disproportionately, contributing to widening health gaps and inequities between and within countries.

3. The death rate from non-communicable diseases among women in Africa is twice as high as the rate in high-income countries. Effective interventions exist for the two leading causes of cancer deaths in women: 70 per cent of cervical cancer is now vaccine preventable and breast cancer is largely treatable through early detection. However, affordable access to these interventions is not possible for a large proportion of people in low- and middle-income countries.

4. Non-communicable diseases and their risk factors are also closely related to poverty and contribute to poverty in low- and middle-income countries. At the household level, non-communicable diseases contribute to the loss of household income owing to unhealthy behaviours, the loss of productivity caused by disease, disability and premature death and the high cost of health care, which drives families below the poverty line.

5. The rapidly growing burden of non-communicable diseases in low- and middle-income countries is driven by population ageing, unplanned urbanization and the globalization of trade and marketing. As a result, the level of exposure of individuals and populations to the risk factors for such diseases is much higher, in low- and middle-income countries, than in high-income countries, where people tend to be protected by comprehensive interventions. Also, as mentioned before, affordable and accessible primary health-care services for the early detection and management of non-communicable diseases are often inadequate.

6. As non-communicable diseases are largely preventable, the number of premature deaths can be greatly reduced. Cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, which contribute most to the mortality rate from such diseases in low- and middle-income countries, are largely preventable by means of effective interventions that tackle shared risk factors. In addition, improved disease management can reduce morbidity, disability and premature death and will contribute to better health outcomes.

# II. Policies and strategies for the prevention and control of non-communicable diseases

7. Deeply concerned that the global burden of non-communicable diseases continues to grow, in particular in low- and middle-income countries, and convinced that global action is necessary, the World Health Assembly endorsed the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases in May 2008 and urged member States to consider the actions recommended in the action plan, in accordance with national priorities (see World Health Assembly resolution 61.14).

8. The Action Plan was developed in close collaboration with member States and in consultation with civil society and the private sector, and is based on current scientific knowledge, available evidence and a review of international experience.

9. The Action Plan aims to implement the Global Strategy for the Prevention and Control of Non-communicable Diseases, which was endorsed by the World Health Assembly in May 2000 (World Health Assembly resolution 53.17) and covers three key components: surveillance, prevention and health care. The Action Plan also builds on the implementation of the Global Strategy for Infant and Young Child Feeding, adopted by the World Health Assembly in 2002 (resolution 55.25), the World Health Organization (WHO) Framework Convention on Tobacco Control, adopted in 2003 (resolution 56.1), and the Global Strategy on Diet, Physical Activity and Health, adopted in 2004 (resolution 57.17). The plan is also consistent with the strategic directions of the Global Strategy to Reduce the Harmful Use of Alcohol, adopted in 2010 (resolution 63.13).

10. The Action Plan has six specific objectives and provides details of the respective actions and performance indicators for member States, international partners and the WHO secretariat under each of the six objectives. The objectives are: (a) to raise the priority accorded to non-communicable diseases in development work at the global and national levels, and to integrate the prevention and control of such diseases across all government departments; (b) to establish and strengthen national policies and plans for the prevention and control of non-communicable diseases; (c) to promote interventions to reduce the main shared modifiable risk factors for non-communicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol; (d) to promote research for the prevention and control of non-communicable diseases; (e) to promote partnerships for the prevention and control of non-communicable diseases; and (f) to monitor non-communicable diseases and their determinants and evaluate progress at the national, regional and global levels.

11. To implement the Action Plan, member States should undertake multisectoral actions to (a) map and monitor non-communicable diseases and analyse the social, economic and political determinants with particular reference to poor and marginalized populations, in order to provide guidance for policy, legislative and financial measures related to the development of an environment supportive of control; (b) reduce the level of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases, and their determinants, provide and encourage healthy choices for all, and at the same time strengthen the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health; and (c) strengthen health care for

people with non-communicable diseases by strengthening health systems, enabling them to respond more effectively and equitably to the health-care needs of people with non-communicable diseases.

12. As the underlying determinants for non-communicable diseases often lie outside the health sector, and health gains can be achieved much more readily by influencing the public policies of sectors outside health than by making changes in health policy alone, it is essential to have the commitment and active involvement of both public and private actors in multiple sectors such as agriculture, education, pharmaceutical production, finance, food production, sport, taxation, trade, transport and urban development and planning. Effective mechanisms for intersectoral action have to be put into place.

13. Underscoring the need for concerted action and a coordinated response at the national, regional and global levels in order to adequately address the developmental challenges posed by non-communicable diseases, the General Assembly adopted resolution 64/265 (a) deciding to convene a high-level meeting of the Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of non-communicable diseases; (b) also deciding to hold consultations on the scope, modalities, format and organization of the high-level meeting on the prevention and control of non-communicable diseases, with a view to concluding consultations preferably before the end of 2010; (c) encouraging Member States to include in their discussions at the high-level plenary meetings of the sixty-fifth session of the Assembly on the review of the Millennium Development Goals, to be held in September 2010, the rising incidence and the socio-economic impact of the high prevalence of non-communicable diseases worldwide; and (d) requesting the Secretary-General to submit a report to the Assembly at its sixty-fifth session, in collaboration with Member States, the World Health Organization and the relevant funds, programmes and specialized agencies of the United Nations system, on the global status of non-communicable diseases, with a particular focus on the developmental challenges faced by developing countries.

14. Despite the increasing recognition of the pressing need to address the magnitude of non-communicable diseases, their risk factors and the negative impact on socio-economic development, official development assistance to support low- and middle-income countries in building sustainable institutional capacity to tackle such diseases remains insignificant.

15. If the high mortality rates and heavy disease burden experienced by low- and middle-income countries are to be reduced, global development initiatives need to consider the prevention and control of non-communicable diseases as one of their priorities. Member States and international partners must include the prevention and control of non-communicable diseases as an integral part of the global development agenda.

## III. Programme implementation

16. A report providing an overview of progress in implementing the Action Plan since its endorsement by the sixty-first World Health Assembly in May 2008 (see A/63/12) was considered by the sixty-third World Health Assembly in May 2010. The present document will focus only on actions undertaken by the WHO secretariat

to raise the priority accorded to non-communicable diseases in development work at the global and national levels, which include the following:

(a) An electronic discussion on non-communicable diseases and development was held in January and February 2009, moderated by the Department of Economic and Social Affairs of the United Nations Secretariat and the United Nations Development Programme. The World Health Organization, with the Department of Economic and Social Affairs, co-organized two ministerial meetings in preparation for the substantive session of the Economic and Social Council (the regional preparatory meeting on promoting health literacy, held in Beijing on 29 and 30 April 2009, and the Western Asia ministerial meeting on non-communicable diseases and injuries, held in Doha on 10 and 11 May 2009). Participants at the ministerial Meeting adopted the Doha Declaration on non-communicable diseases and injuries, which recommended that the General Assembly consider integrating evidence-based indicators on non-communicable diseases into the monitoring and evaluation system for the achievement of the Millennium Development Goals, during the review of the Goals taking place in 2010. Several Member States at the meeting also called for a special session of the General Assembly to consider the effects of non-communicable diseases in low- and middle-income countries, a call echoed by delegates at the sixty-fourth session of the Assembly;

(b) During the high-level segment of the Economic and Social Council (held in Geneva from 6 to 9 July 2009), the WHO secretariat organized a ministerial round table on non-communicable diseases, in order to review their relationship with poverty and development. Echoing the recommendations of the Doha Declaration on non-communicable diseases and injuries, some Member States called specifically for the integration of non-communicable diseases into global development initiatives to be discussed at the high-level plenary meeting of the sixty-fifth session of the General Assembly on the review of the Millennium Development Goals, to be held in September 2010. The Ministerial Declaration adopted by Member States at the high-level segment of the Economic and Social Council called for urgent action to implement the Action Plan;

(c) The General Assembly, at its sixty-fourth session, unanimously adopted resolution 64/265. The resolution was co-sponsored by 78 countries, as well as Cameroon on behalf of the Member States who belong to the Group of African States.

17. The key challenges for Member States for preventing and controlling non-communicable diseases are clearly highlighted by the Action Plan: monitoring non-communicable diseases and risk factors through effective surveillance mechanisms built within national health information systems; implementing interventions to reduce risk factors by establishing and strengthening effective mechanisms of intersectoral action; and improving health care for people with non-communicable diseases through health system strengthening. To meet these challenges, a higher level of political commitment by Member States is needed and more resources for the development and implementation of national plans are required.

# IV. The situation in the African region

18. The World Health Organization estimates that 72 per cent of total deaths due to non-communicable diseases occur in the lowest income countries of the region. In 2004, an estimated 1.1 million people died prematurely from non-communicable diseases before the age of 60 in low-income countries on the continent. More than 40 million people currently smoke tobacco, making it a risk factor for 4 of the 10 main causes of death in Africa. In the poorest households of some countries, 15 per cent of disposable income is spent on tobacco. In 2008, only 3 per cent of Africa's population was covered by comprehensive smoke-free laws. Harmful use of alcohol is responsible for 12 per cent of all deaths among young sub-Saharan men between 15 and 29 years. Furthermore, emerging evidence suggests a relationship between heavy drinking and non-communicable diseases, which will further increase the disease burden attributable to alcohol. Many countries are currently suffering from the double burden of malnutrition. While progress has been made towards target 3 of Goal 1 of the Millennium Development Goals, namely, a 50 per cent reduction of the proportion of people who suffer from hunger, the reduction in the prevalence of underweight children under the age of 5 is slow, yet simultaneously, the problems of overweight and obesity are increasing rapidly among young children and adolescents in the region. In 2010, 13 million children under the age of 5 are estimated to be overweight. Evidence suggests that maternal undernutrition and low birth weight predispose children to adulthood obesity and non-communicable diseases. Inappropriate diet and physical inactivity, both separately and in concert, contribute to the rise in the prevalence of obesity. Low levels of physical activity among females is reported to range between 7 per cent of women in Mozambique and 65 per cent of women in Mali, and similarly low levels of physical activity affect between 14 per cent of men in Benin and 48 per cent of men in Mauritania. Low intake of fruit and vegetable among adults aged 25 to 64 ranges from 73 per cent in Madagascar to 96 per cent in Ethiopia. The prevalence of high blood pressure ranges from 17 per cent in the Democratic Republic of the Congo to 37 per cent in the Niger. In the poorest households of some countries, 25 per cent of household income is spent on the treatment of diabetes. A major proportion of people with non-communicable diseases have no access to essential standards of health care. The lack of early detection programmes for high blood pressure, cardiovascular disease and cancers at the primary health-care level is resulting in late diagnosis, catastrophic complications, disabilities and premature death. Low public sector availability of technologies and medicines leads people with non-communicable diseases to the private sector, where services are frequently unaffordable. Up to 80 per cent of cancer patients have no access to radiotherapy and over 27 countries have no operating radiotherapy services at all.

19. Public policymakers are increasingly challenged to formulate effective strategies to address non-communicable diseases and their risk factors. To this end, most countries in Africa have established a programme on non-communicable diseases within the ministry of health or other comparable government health authority, but these programmes are generally inadequately staffed and funded. By December 2009, only 9 countries had operational policies and plans in place, while 10 countries were in the process of developing national multisectoral frameworks for the prevention and control of non-communicable diseases.

## V. The situation in the World Health Organization region for the Americas

20. In the Americas, in 2004, there were 3.2 million deaths due to chronic non-communicable diseases, representing 62 per cent of all deaths. Of the total number of deaths in the region and those dying prematurely under the age of 60, 45 per cent occurred in low- and middle-income countries. The leading causes of death in the region are cardiovascular disease, cancer, chronic respiratory disease and diabetes. Cardiovascular disease accounted for 1.6 million deaths and 51 per cent of all deaths were due to non-communicable diseases in 2004.

21. The increase in the prevalence of and mortality related to non-communicable diseases is a consequence of a similar increase of the prevalence of risk factors, including tobacco use and obesity. In 2006, current tobacco smokers were estimated at more than 116 million people above the age of 15. In the 2010 World Health Organization national capacity survey for the region, only 14 out of 31 countries and territories reported that they had comprehensive smoke-free environment policies for public places. In 2005, an estimated 139 million persons older than 15 years of age were obese, and that number is forecasted to increase to 289 million by 2015.

22. According to the 2010 national capacity survey, 26 out of 31 countries and territories reported having a unit or branch within the ministry of health to coordinate the prevention and control of non-communicable diseases. The same number of countries reported the existence of integrated policies for non-communicable diseases. However, these policies are operational only in 39 per cent of countries; an additional 29 per cent of countries reported to have the policies under development, and the remaining 32 per cent did not provide information. Funding for the treatment and prevention of non-communicable diseases, as well as for health promotion, is available in more than 80 per cent of countries. Only about 60 per cent of countries and territories reported having funds for non-communicable disease surveillance, monitoring and evaluation. As to the provision of technical cooperation to member States, all the countries of the region have requested support to carry out activities aimed at the prevention and control of non-communicable diseases, as stated in the biennial workplans of the Regional Office of WHO for the Americas.

23. In 2006, the Directing Council of the Pan American Health Organization, Regional Office of WHO for the Americas, adopted a *regional strategy and plan of action on an integrated approach to the prevention and control of chronic diseases, including diet, physical activity and health*. The resolution urges member States to implement integrated policies and plans, guided by the regional strategy, to tackle, inter alia, the problems of obesity and diabetes. In 2008, the Directing Council approved the *regional strategy and plan of action for cervical cancer prevention and control*, urging member States to tackle the problem of cervical cancer by improving prevention and management programmes.

## VI. The situation in the World Health Organization region for the eastern Mediterranean

24. While communicable diseases and malnutrition still present major problems in some eastern Mediterranean countries, the burden of non-communicable diseases is

steadily increasing, particularly in the low- and middle-income countries. It is estimated that non-communicable diseases account for more than 50 per cent of all deaths and almost 50 per cent of the disease burden. WHO predicts that, by 2015, deaths from non-communicable diseases will increase by more than 20 per cent in the region. Cancer at present kills 272,000 people each year in the region, which is more than the total number of deaths from HIV/AIDS, tuberculosis and malaria combined. Furthermore, most cancer cases, including breast cancer in women, present at an advanced stage and in younger age groups.

25. Contributing factors such as smoking, unhealthy diets, physical inactivity, obesity and consumption of foods high in lipids are increasing rapidly and contributing to the rising incidence of cardiovascular diseases, cancers and diabetes.

26. The non-availability of relatively inexpensive medications used for managing non-communicable diseases in public sector facilities is an additional challenge for low-income countries in the region, limiting their ability to address the effective management of non-communicable diseases. Up to 50 per cent of patients with non-communicable diseases living in low-income countries in the region have reported the need to resort to out-of-pocket payments.

27. A regional plan of action to prevent and control non-communicable diseases has been developed in accordance with the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. To date, more than 80 per cent of countries in the region have established a national programme. However, only six countries had an operational national plan in place for the prevention and control of non-communicable diseases.

## VII. The situation in the World Health Organization region for Europe

28. Non-communicable diseases are by far the leading contributors to the disease burden and mortality in the European region. Cardiovascular diseases alone are responsible for 23 per cent of the disease burden and 52 per cent of mortality.

29. Differences in the distribution of risks and of the burden of ill health show significant gradients between high-income countries in the western part of the region and low- and middle-income countries in the eastern part of the region. The most striking differences across the region occur between the ages of 15 and 59 years. For 30-year-old males, the risk of death before reaching the age of 45 is nearly five times smaller in the western part than it is in countries with a high adult mortality in the eastern part. This gradient is almost 50 per cent smaller for women, but remains significant. Alcohol consumption increased by 28 per cent between 2000 and 2005 in the poorest countries, and the number of deaths by excessive drinking increased by 130 per cent.

30. Public policymakers have placed the prevention and control of non-communicable diseases at the forefront of efforts to improve health outcomes. To this end, 31 per cent of countries have a unit or department in the ministry of health dedicated to non-communicable diseases. In 28 per cent of countries there are nationally approved policy documents for the implementation of plans for the prevention and control of non-communicable diseases.

31. The World Health Organization's Regional Committee for Europe adopted the European Strategy for the Prevention and Control of Non-communicable Diseases in 2006, as a strategic framework for action.

## VIII. The situation in the World Health Organization region for South-East Asia

32. Non-communicable diseases account for an estimated 54 per cent of the 14.7 million annual deaths and close to half of the total disease burden occurring in the 11 low- and middle-income countries constituting the South-East Asia region of the World Health Organization. Nearly 30 per cent of all deaths occurring before the age of 60 are due to non-communicable diseases. The health and socio-economic impact of non-communicable diseases continues to grow at an accelerated pace. According to WHO projections, there will be a 21 per cent increase in the number of deaths caused by these conditions over the 10-year period up to 2015.

33. Major health-damaging behaviours such as tobacco use, the harmful use of alcohol, an inadequate consumption of fruits and vegetables and the preferential consumption of less expensive foods, rich in saturated and partially hydrogenated fats and salt, have become increasingly common among the disadvantaged, vulnerable and marginalized groups of people in the region. Tobacco smoking is disproportionately concentrated among the poor. In some countries, surveys indicate that people living below the poverty line have higher relative odds of chewing tobacco compared to those above the poverty line, and its regular use significantly increases with each diminishing income quintile. Low socio-economic conditions and a poor level of awareness result in low consumption of fruits and vegetables. More than 80 per cent of people in the region eat less than five servings of fruits and vegetables a day. A major hindrance in shifting to a healthy diet could be the high cost of fruits and vegetables relative to income level. If not appropriately addressed, the progressive evolution in the socio-economic gradient in non-communicable disease risk factors in the region will be translated to further increases in health inequalities.

34. In addition to its vast impact on the health status of individuals and on national health systems, the growing burden of non-communicable diseases has also serious macro- and microeconomic implications. Non-communicable diseases affect the most productive periods of life by increasing the rate of premature mortality, as well as leading to a reduced capacity to work effectively. The World Bank estimates that in India 4 to 10 per cent of the potential gross domestic product is foregone every year owing to non-communicable diseases.

35. Nearly two thirds of health expenditure is met with private resources, almost entirely out-of-pocket. Social security is practically non-existent for large parts of the population. This places a disproportionate burden on the poor, which tends to increase, as these diseases require lifelong treatment. Poor control of conditions such as diabetes and hypertension have serious consequences, including blindness and stroke.

36. Several countries are in the process of strengthening their public health response to the epidemic of non-communicable diseases. More countries have been developing non-communicable disease policies, plans and programmes. Out of the

11 countries, national plans were reported to be present in 9 and specific targets have been set in 10 countries. Progress was also evident in the area of tobacco control. However, there has been limited progress in establishing a regular surveillance system for non-communicable diseases and their risk factors. The use of legislation as a strategy has been largely restricted to the prevention of the use of tobacco and, to some extent, of alcohol.

37. Action by WHO in the area of prevention and control of non-communicable diseases in the region is guided by the regional framework for prevention and control of non-communicable diseases, in accordance with the Action Plan. The framework was formulated in close collaboration with member States and endorsed by the health secretaries of member States of the region at their eleventh meeting, in 2006. The WHO Regional Committee for South-East Asia endorsed the regional framework in 2007. The framework aims at facilitating the process of developing, updating and implementing national policies, plans and programmes for the integrated prevention and control of non-communicable diseases. It is based on public health principles and on consensus on policy and technical actions. The progress achieved in the implementation of the regional framework was reviewed by the WHO Regional Committee for South-East Asia at its sixty-third session in September 2010.

## IX. The situation in the World Health Organization region for the Western Pacific

38. In the WHO region for the Western Pacific, over 75 per cent of deaths are attributable to non-communicable diseases. Currently, about 26,500 people die every day from non-communicable diseases in the region, with over 20,000 of these deaths occurring in low- and middle-income countries. More than 90 per cent of cancer cases and 75 per cent of diabetes cases occur in the low- and middle-income countries.

39. Tobacco use, unhealthy diets and physical inactivity are more prevalent among the lowest income quintiles in most countries.

40. WHO estimates that lost productivity due to non-communicable diseases between 2005 and 2015 may cost China over US$ 550 billion.

41. Institutional mechanisms in the form of a unit for non-communicable diseases in the ministry of health is available in 22 out of 23 low- and middle-income countries, including 21 countries with a national strategy or plan, and 17 countries with a budget allocation for the treatment and control of non-communicable diseases.

42. Prevention and control of non-communicable diseases has been high on the agenda of governments in the region. In 2008, the WHO Regional Committee for the Western Pacific endorsed the regional action plan for non-communicable diseases. Twenty-two Pacific Island Countries also addressed non-communicable diseases at the eighth meeting of ministers of health for the Pacific Island Countries, held in Madang, Papua New Guinea from 7 to 9 July 2009, as well as at a Pacific Food Summit held in Vanuatu in April 2010.

43. Resources for scaling up action to combat non-communicable diseases remain very limited.

# X. Conclusions and recommendations

**44. The lives of far too many people in low- and middle-income countries are being blighted and cut short by four types of non-communicable diseases: heart disease and stroke, cancers, diabetes and chronic lung diseases. People in low- and middle-income countries develop these diseases at younger ages, suffer for longer — often with preventable complications — and die sooner than those in high-income countries. These four types of non-communicable diseases make the largest contribution to mortality in the majority of low- and middle-income countries, with major negative consequences for socio-economic development. These diseases are largely preventable by means of effective interventions that tackle shared risk factors, namely, tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol.**

**45. The major challenges to prevention initiatives include the need to monitor non-communicable diseases and their socio-economic and political determinants, the need to establish effective intersectoral action by ensuring the accountability of non-health sectors in terms of their policies and decisions that influence health, and to ensure access to essential health care by strengthening health systems and universal coverage of essential health interventions with special emphasis on poor and marginalized populations. The prevention of non-communicable diseases has to be fully integrated into the priorities of the global and national development agendas, including through poverty reduction initiatives.**

**46. This report shares facts about non-communicable disease in low- and middle-income countries and addresses two major issues. The first is the urgent need for public policies to prevent non-communicable diseases and their devastating consequences to the greatest extent possible in all low- and middle-income countries. The second is a concurrent need to recognize that the burden of non-communicable diseases will increase in low- and middle-income countries, disproportionally affecting the poor, and accordingly, policymakers and international development partners have a key role to play in ensuring that non-communicable disease prevention and control becomes an integral part of the development agenda and related investment decisions.**